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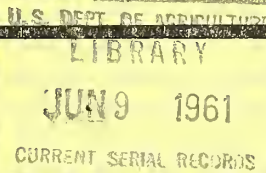


# NUTRITION

For exchange of  
information on  
nutrition education and  
school lunch activities

# COMMUNITY NEWS

U. S. DEPARTMENT OF AGRICULTURE, Washington, D. C.



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## NUTRITION EDUCATION OF HEALTH WORKERS

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Many nutritionists and dietitians are being asked to participate in developing and conducting suitable nutrition education programs in various professional schools. Hence some of our readers have expressed an interest in the contributions that nutritionists have made in professional schools for physicians, dentists, nurses, and practical nurses.

It should be said at the outset that information on this subject is fragmentary at best. A few surveys have been made. However, nutrition is presented in so many different ways in different places it is difficult to generalize about the kind and amount of nutrition training provided and the extent to which nutritionists have participated.

As is usual in NCN, we present selected reports as examples of (1) the courses which present the basic scientific principles of nutrition, and (2) the experiences provided that help students gain a working knowledge of the applied science in schools of medicine, dentistry, nursing, and practical nursing.

Some of the reports came in response to a request for information in the September-December 1959 issue of NCN; others were collected by following up leads given to us by persons working in the field.

### PHYSICIANS AND DENTISTS

Homemakers are known to place physicians and dentists ahead of other professional health workers as sources of nutrition information. The family physician more than anyone else is regarded as an authority on all questions relating to general health, and the family dentist on questions relating to dental health. Patients seek and accept advice from them on what to eat to improve their own health or on what to feed their children.

To prepare physicians and dentists for this role and to increase their understanding of the relationship of food to

health, curriculum specialists in many medical and dental colleges have broadened the biological sciences to include emphasis on nutrition.

### Nutrition in the Medical Curriculum

Few schools have separate courses in nutrition according to surveys of current practices. More often, the scientific principles of nutrition are taught in such courses as biochemistry, physiology, pediatrics, and preventive medicine.

Biochemistry, as reported by Benjamin Harrow in a symposium on teaching practices at a meeting of the Federation of American Societies for Experimental Biology, is usually a basic course taught during the first year of the medical curriculum. In recent years, some schools have introduced a course in the third or fourth year which reviews biochemistry from the clinician's view. Biochemists and clinicians take part in the seminars.

*Biochemistry-nutrition.*—Attempts are being made to stress the practical application of a fundamental knowledge of biochemistry. For example, at the University of Puerto Rico, a course in Biochemistry and Nutrition is required of freshmen medical students.

Four lectures in the course are devoted to the practical aspects of nutrition. In addition, laboratory experience includes feeding experiments using rats and guinea pigs in which dietary deficiency diseases are induced.

Each group of 5 students works on one of 10 different nutrition projects for a period of approximately 12 weeks. Reports of these projects are discussed in 2 roundtable conferences at the end of the semester. The teaching staff believe these conferences to be very profitable to students, who learn the importance of composition of diet to the well-being of animals; and have opportunities to relate



their knowledge of biochemistry and nutrition to the well-being of individuals.

*Nutrition in preventive medicine.*—At the University of California, the second-year course in Preventive Medicine includes four lectures and two laboratory sessions on the role of nutrition in health maintenance. One session in each of the third- and fourth-year course is devoted solely to nutrition. These are lectures and group discussions. Other subjects in the field of preventive medicine having nutritional implications are referred to the staff for special consideration, consultation, and teaching. Diet therapy is considered in clinical departments in relation to specific disease problems.

## Opportunities To Learn Applied Nutrition

Special courses, conferences, and seminars in medical schools provide experience in relating scientific knowledge to the food served patients. For example, at Ohio State University, senior medical students are required to take a course in Applied Nutrition. It provides an opportunity for students to develop an understanding of the normal diet and of the way it is modified when specific pathological conditions occur.

The class, under the direction of a former dietitian, now Associate Professor in Preventive Medicine, meets from 12:00 to 1:30 for 10 consecutive meetings. A noon meal is served which demonstrates the diet under consideration. Students become acquainted with the foods served under various diet orders which are typical of any hospital. For example, each student plans a diabetic diet for himself. He then weighs and eats the noon meal of the diet he has planned.

Each autumn resident physicians and interns are offered a series of three or four meetings with the hospital dietitian for the same purpose. Actual meals on trays are used to demonstrate the various types of diet frequently prescribed by physicians. A discussion period follows.

At the University of Michigan, nutrition is included in biochemistry, and, in addition, third-year students take a course in nutrition (24 clock hours) which is taught by the clinician and the dietitian. The clinician devotes about half of each period to the dietetic aspect of the condition under discussion, and the dietitian uses the remaining time for detailed discussion of food selection and meal planning.

The course covers normal diet and diet changes necessary for malnutrition and avitaminosis, obesity, hypoglycemia, diabetes, metabolic bone diseases, gastrointestinal diseases, allergy, hematology, cardiac, and renal diseases.

*Experience with family health problems.*—Medical students who have an opportunity to work with a specific

family for a period of time gain an understanding of family health problems which often include nutritional problems. For example, the University of Pennsylvania Medical School introduced a course in clinical science beginning in the freshman year. Each student observes a selected family for a period of 4 years and thus gains long-range and varied experience. Students are not responsible for medical treatment but function as intermediaries through which the family seeks medical advice.

At the University of Puerto Rico, each medical student is required to work with a family during the junior year. He is encouraged to take care of the same family during the senior year if he and the family so choose. Most of these families have a low income. The teaching staff of the Department of Biochemistry and Nutrition report that students have many opportunities to apply nutrition knowledge and often seek consultant help in handling the nutritional problems of their "family."

## Opportunities for Further Study

*Research fellowships.*—Among the research fellowships open to medical students and physicians is a series in clinical nutrition that have been available to medical students since 1958. Nutrition Foundation, Inc., in co-operation with the Council on Foods and Nutrition of the American Medical Association, sponsors these fellowships. Grants are offered to "stimulate staff members and students of Schools of Medicine to take a more active interest in the science of nutrition."

## Nutrition in the Dental Curriculum

In 1956, the American Association of Dental Schools held a conference in St. Louis to consider nutrition and dietetics in the dental curriculum. One of the recommendations made at this conference was that the teaching of nutrition within the basic sciences be extended and emphasized.

*Biochemistry.*—Dr. E. Cheraskin, University of Alabama School of Dentistry, at the same conference reported that basic scientific nutrition information is usually taught within existing courses in biochemistry and physiology.

Harrow's study, referred to earlier, also revealed that many universities offer the same basic courses to medical and dental students.

*Biochemistry-nutrition.*—Dental schools, too, may emphasize nutrition in basic science courses. For example, the dental school of the University of Puerto Rico offers a course in biochemistry-nutrition to its freshman students. The course, offered for the first time in 1958, is shorter than the one offered medical students. Dental students

observe and discuss the animal feeding experiments medical students conduct in their course. Major emphasis is on the relationship of nutrition to dental health.

Dental students at the University of Puerto Rico also take a course in public health during the second year. Co-operative activities, worked out with the teaching staff, make dental students increasingly aware of the nutritional implications in the study of public health.

## Opportunities To Learn Applied Nutrition

Dental schools often offer students opportunities to apply the principles of nutrition by scheduling seminars, conferences, and clinical experiences that involve patients with oral manifestations of nutritional disorders or who need help in controlling dental caries.

*A nutrition department.*—Such a department was created at the University of Oregon Dental School in 1948. This innovation was part of the dean's program "to better equip graduates to function effectively as dental physicians in their various communities."

At first, the nutrition work was handled by one half-time dietitian. The present program (1960-1961), the result of a gradual increase in scope and staff membership, is conducted by three dietitians.

*Nutrition course.*—In 1952, after careful examination of course content and materials of teaching, a revised course was developed which reviewed nutrition as taught in basic sciences, with emphasis on the practical application of nutrition to various phases of dentistry—(1) dentistry for children, (2) operative dentistry, (3) oral surgery, (4) periodontia, and (5) orthodontia.

At first, no text pertaining specifically to nutrition and dentistry was available. Subject matter was developed from various scientific periodicals and from general texts. The 1960-61 course of study, however, lists a required text dealing with nutrition in clinical dentistry and also indicates required reading from general texts on nutrition, dentistry, and biochemistry.

The dietitian conducts the course with specialists participating from the subject areas covered. The course includes a review of oral manifestations of nutritional disorders, and of the functions and sources of nutrients. Student food diaries are kept and evaluated. Nutrition information is applied to the various phases of dentistry. Summaries of clinical dietary studies are required in both the junior and senior years.

*Clinical studies.*—Each junior student must work with at least one child on a caries-control diet, and with at least one adult patient on a dietary improvement regimen. Each

senior student must have at least one child patient and one teenager on caries-control diets.

Children must be accompanied by a parent or other adult. The student and dietitian together interview the patient to enlist co-operation and to explain the need for carefully recording the food eaten for one week—a food diary. The student must contact the family physician to obtain permission to place the patient on a caries-control diet.

On the second visit, the food diary is evaluated and dietary instruction, if needed, is given. If it is the student's first dietary study, the dietitian gives the instruction; thereafter the student gives it in the presence of the dietitian.

A saliva specimen is taken on each of the first 2 days of a caries-control study and one every 2 weeks thereafter until the specified level of lactobacillus is reached and held for the prescribed period of time. Caries-control patients are recalled at 3-month intervals for rechecking and for determining the value of the dietary regimen and the degree of patient co-operation.

*Other services.*—Nutritionists contribute to the following services in the dental school:

- *Child study clinic.* A comprehensive and long-term study in growth and development has been underway for 12 years. The plan calls for children to be studied from age 18 months through the 18th year or longer if possible.

Dietitians interview mothers or patients (as they grow older) and evaluate with them the food diaries submitted twice yearly. Approximately 350 children are being observed in a special study, as yet incomplete, of food consistency in relation to growth and development of facial bones.

- *Cleft palate project.* The dietitian serves as a team member in providing help to children with cleft palates and to parents of such children. The children's food diaries are evaluated and diet changes are suggested, if needed, to improve the general and dental health of the children. These recommendations are either made directly or through the case worker.

- *Service to outside dentists on a fee basis.* Practicing dentists may send patients to the University for nutrition instruction on a fee basis. Dentists who have not participated in the present nutrition program for dental students refer many of these "fee-basis patients" for instruction. Younger dentists who did participate in the nutrition program but who do not have adequate time for counseling—even though they are qualified to do so—make use of this service. "Fee-basis patients" come from areas as distant as Alaska, Canada, and Arizona.



## NURSES

Nurses usually work with patients on a day-by-day basis for longer periods than does the physician or dietitian. Thus, they have an opportunity to observe the patient's food habits and to understand his attitudes and anxieties. The nurse often has the task of interpreting the physician's order for a modification of diet. Because the patient knows the nurse and looks to her for help and encouragement in the sickroom situation, she can be of real assistance in selecting meals from the foods suggested by the dietitian that will meet nutritional needs and that the patient will eat.

To assume this role effectively, the nurse needs a working knowledge of the basic principles of nutrition in health, a knowledge of food composition, and an understanding of specific disease conditions in which dietary control is a part of the medical and nursing care.

### Nutrition in the Nursing Curriculum

All courses of study in nutrition, like other related subject areas, must be approved by the various State boards of nursing. The courses submitted for approval by individual schools of nursing are often the result of co-operative planning by the faculty which includes the dietitian. Consequently, although State requirements are met, subject matter content and educational approaches may vary from school to school within a State.

In some schools, basic nutrition may include an emphasis on laboratory experience in food preparation; in others this experience may be limited to those students who cannot demonstrate competence in food preparation and in still others nutrition may be a prerequisite for entrance to the nursing curriculum.

*Nutrition—including food preparation.*—Experience in food preparation is often provided along with instruction in nutrition but is carefully correlated with the courses in basic science and medical-surgical nursing.

For example, Grace-New Haven Community Hospital requires student nurses to take a course in general nutrition and food preparation. This 45-hour course is taught by the dietitian. It includes 21 hours lecture, eleven 2-hour laboratory sessions, and 2 hours examination.

The objective of the course is to provide opportunities for the student nurse to develop an appreciation and a knowledge of:

1. The relationship of nutrition to total health throughout life.
2. The application of nutrition principles in the care of individual patients.

3. The importance of sound nutrition information and the promotion of desirable food practices in community and world health programs.
4. The variety of available foods and their contribution to an adequate diet.
5. The principles and procedures involved in selecting, purchasing, preparing, and serving foods in the form of attractive, tasty, nutritious meals.

A second course in diet therapy is also required. This 20-hour course is correlated with the medical-surgical nursing course. Lectures, demonstrations, and discussions are the educational approaches used to help students understand and interpret for patients the modifications of diet needed when specific pathological conditions occur.

*Nutrition.*—Other schools limit the laboratory experience in food preparation or require it only of those students who particularly need it. Need is decided on the basis of a practical laboratory pretest.

One school that does not place major emphasis on food preparation as a part of the general nutrition course is the University of Pennsylvania School of Nursing. Here a two-credit course in nutrition is required in the second year of the basic baccalaureate program. It is given concurrently with courses in the sciences (chemistry, physiology), medical-surgical nursing, and clinical experience.

Basic principles of nutrition are correlated with the sciences. Opportunities for applying principles are provided in the clinical experience. Thus, the student (1) gains an understanding of food and its use to the body; (2) learns how to apply nutrition knowledge in the selection and preparation of food; and (3) acquires some facility in evaluating adequacy of diets.

Problems of menu planning, budgeting, marketing, and food preparation give students practical experience in meeting the nutritional needs of various age groups. At the same time, such factors as economy, availability of foods, and cultural food patterns are taken into account.

Preparation of foods which the nurse would be expected to prepare as a part of comprehensive nursing care is included in the clinical nursing experience.

The teaching of nutrition continues through the junior and senior years as a part of clinical experiences. When patients need modified diets as a part of their medical care, the appropriate nutritional principles are reviewed and applied.

In the General Nursing Program, offered to registered nurses, nutrition content is included in advanced comprehensive and public health nursing courses. Students, enter-



ing this program are required to demonstrate—by means of a pretest—a grasp of basic nutritional principles.

The goal of both programs is to prepare the nurse to understand the relationship of the normal diet to health and how diet may be modified when the need arises.

*Nutrition—a prerequisite.*—There are schools of nursing that require a course in nutrition as a prerequisite for entrance. The School of Nursing, Ohio State University is an example.

Prospective nursing students are enrolled as freshmen in the College of Arts and Science. They are required to take a course in general nutrition taught in the School of Home Economics. This is a 10-week, 5-hours-a-week course without laboratory experience. Experience with patients' nutritional problems is provided later in clinical situations.

The course includes a study of 6 major areas:

1. Food and what happens to it in the body
2. Proteins
3. Minerals
4. Vitamins
5. Energy
6. Nutrition problems. This includes food fads, misinformation, dietary variations for specific age groups, and world nutrition problems.

Approximately 16 hours of lecture and discussion are devoted to diet therapy in the Introductory Nursing course taught in the School of Nursing during the sophomore year.

Practical experience in nutrition and diet therapy is provided in the junior and senior years as a part of medical-surgical nursing courses. This amounts to 4 separate weeks (30 hours a week) of clinical experience divided evenly between medical and surgical areas.

Activities include participating in group conferences, taking nutrition histories, making dietary appraisals, planning meals, and learning to give dietary instruction to hospitalized patients.

Junior students are concerned mainly with taking and evaluating nutrition histories, planning a few of the most commonly used modified diets, and interpreting the necessary nutrition information to patients. They begin by taking nutrition histories of each other, reviewing nutrition principles learned in the earlier courses, evaluating the histories, and suggesting modifications where needed. Students also work with a different patient each day starting with one on a normal diet, progressing to those who need simple modifications, and then to those requiring more extensive changes.

Senior students are expected to develop facility in work-

ing with patients who have nutritional problems. They also observe the preparation of food for the various types of tube feedings. In so doing they learn the ingredients included and the methods of preparation used.

Conference and discussion groups meet to review the literature on diet modifications for conditions uncommon in Ohio, and which are not necessarily observed by students. These discussions also include consideration of how to adapt hospital learnings to nutritional problems nurses will find in home and community situations.

## PRACTICAL NURSES

Trained practical nurses are meeting a real need in situations that are relatively free of complexity such as caring for mothers and new babies, convalescent patients, and people suffering from chronic illnesses or the infirmities of old age. These health workers are also prepared to assist professional nurses or physicians in more complex situations.

Accredited training programs are approved by State boards of nursing. More than two-thirds of the approximately 650 programs in the United States, Puerto Rico, and the Virgin Islands operate under the auspices of public vocational education—funds made available under the George-Barden Acts and most recently under Public Law 911. Graduates of approved programs are eligible for State licensure and are employed in hospitals, institutions, public health agencies, and private homes.

## Nutrition in the Practical Nursing Curriculum

An understanding of applied nutrition is essential to the practical nurse because she works with patients such as elderly persons who often need to be encouraged to eat a good variety of food. She also works with patients during convalescence when eating an adequate diet may be an important part of medical treatment.

Practical nurse training programs using Federal funds may be administered by local public school systems as a part of the vocational education program. Here the curriculum is planned by the vocational school. Nutrition courses may be planned by the vocational home economist and the hospital dietitian.

For example, the two vocational high schools in the District of Columbia offer a course in practical nursing to students between the ages of 18 and 55 who have completed the 12th grade or its equivalent. Applicants for this training are selected on the basis of aptitude and intelligence and on personal interviews. Trainees may be dropped from the program at any time if the faculty decides they

are unsuited for the work.

A visit to the Burdick Vocational High School revealed that nutrition is included in the training program. During the first 17 weeks two 90-minute periods per week are devoted to nutrition taught by a vocational home economics teacher.

Students first learn nutrition facts in terms of their own nutritional needs and the needs of their families. Meal planning, marketing, and food preparation are studied and related to nutritional needs. No attempt is made here to teach cooking skills.

Many different experiences are provided throughout the course to help students gain a working knowledge of food values. Texts, workbooks, visuals, and other suitable materials are used as teaching tools.

Later, consideration is given to the needs of the patient as an individual, and as a family member with established cultural food patterns and individual preferences. Attention is also given to modifications in the normal diet that are necessary when specific pathological conditions occur. Students plan, prepare, and eat sample menus of each of these modifications to learn how to help patients select desirable meals within the framework of the modification and to adjust to the changed food practices which may be necessary.

For the remainder of the course, nutrition is taught through appropriate clinical experiences provided at a local hospital.

Students attend seminars on hospital diets and the various modifications encountered in the clinical experience. Conferences with the dietitian are regularly scheduled to help students derive the maximum value from the clinical experience.

The principal of Burdick vocational school reports that although most of the graduates prefer hospital duty and are employed in hospitals or similar institutions, some prefer and are kept busy with private duty in homes. Practically all, however, are employed in the vocation they were trained to follow.

In other localities where Federal funds are used, public health nutritionists contribute to the nutrition education incorporated into the curriculum. The program in the Virgin Islands is a good example of this procedure. The first classes were taught during the 1959-60 academic year to students enrolled in a 12-month course.

Four general objectives were formulated to help students gain a working knowledge of nutrition:

1. Present the basic principles of nutrition so that students will want to select and eat an adequate daily diet themselves.

2. Demonstrate how these principles can be applied to feeding the sick—taking into account the emotional factors involved.
3. Explain the purposes of hospital diets and demonstrate that they are a basic part of medical and nursing care of patients.
4. Present the methods of modifying diets for specific pathological conditions.

With these objectives as a guide, nutrition was integrated into specific courses in the curriculum. For example, the fundamentals of nutrition, family menu planning, and family food buying were taught in the course on "Home and Family Living." Nutritional requirements and how to feed patients of different ages were included in "Nursing Skills." Modifying diets for specific disease conditions was taught as a separate course. When the specific diseases were studied in other courses, it was recommended that the dietary modifications be reviewed.

Activities included an appraisal of students' eating habits (1-day records), a study of students' height in relation to their weight, and the planning of menus and market orders for family diets and preparing a meal.

Discussions, demonstrations, group projects, role playing, and "buzz" sessions were among the educational approaches used.

The health department nutritionist who participated in planning and conducting these sessions found it a gratifying experience. She recognized that this first effort would need to be revised and expanded but that it would prove helpful in planning future courses. She reported that she could see great advantage in nutritionists and educators working together in planning, testing, revising, and retesting the ideas and approaches for nutrition education in the curriculum.

## SELECTED REFERENCES

1. Baughman, D. J., "A Study of Medical Education in the United States." *Journal Medical Education*, 33:132, 1958.
2. Sylvester, J. E., "Teaching Nutrition to Medical Students." *Canadian Nutrition Notes*, 13:10, October 1957.
3. Moore, Norman S., "The Physician's Role in Nutritional Education." *New York State Journal of Medicine*, May 15, 1957.
4. Symposium on Teaching Practices in Biochemistry. *Federation Proceedings of American Societies For Experimental Biology*, 15:849, 1956.



5. High, Edward G., "A Survey of the Teaching of Nutrition in Medical Schools." *The Journal of Medical Education*, 33(10): 787-789, November 1958.
6. Vollan, Douglas D., "Scope and Extent of Post-graduate Medical Education in the United States." *Journal American Medical Association*, 157(9): 703-709, 1955.
7. Nutrition and Dietetics, collection of papers presented at the conference of the American Association of Dental Schools, St. Louis, Missouri, March 1956. *Journal of Dental Education*, November 1956.
8. Leitch, M. Annie, "Educational Standards for Student Nurses." *Journal of the American Dietetics Association*, 32(4): 337-340, April 1956.
9. Thigpen, Lorna W., and Mitchell, Inez A., "Integrating Nutrition into Nursing Education." *Journal of The American Dietetics Association*, 33(4): 378-380, April 1957.
10. Sister Mary Caroline, "What Courses Should Precede or Parallel Nutrition in the Basic Curriculum?" *Journal of the American Dietetic Association*, 33(4): 380-381, April 1957.
11. Sister Xavier Miriam, "Simultaneous Correlation of Nutrition and Diet Therapy for Student Nurses." *Journal of the American Dietetics Association*, 33(4): 381, April 1957.
12. Molleson, Ann, "Teaching Nutrition to Student Nurses," *Journal of the American Dietetics Association*, 34(2): 164-169, February 1958.
13. "Educational Preparation for Nursing—1959." *Nursing Outlook*, vol. 8, September 1960.
14. "Practical Nurse Programs in 1956." *Nursing Outlook*, vol. 5, November 1957.
15. "Practical Nursing Programs in 1958." *Nursing Outlook*, vol. 8, February 1960.
16. Guides for Developing Curricula for the Education of Practical Nurses, 1959. Vocational Division Bulletin No. 274. U. S. Department of Health, Education, and Welfare.
17. Powers, Helen K., "Practical Nursing—A Plus Factor in Health Services." *International Altrusan*, 1961.
18. Knowles, Lois, N. "Current Programs in Nursing." *Journal of the American Dietetic Association*, 32(4): 1075-1078, October 1958.
19. Deegan, Delores, "Teaching Nutrition in the Basic

Nursing Curriculum." *Journal of the American Dietetic Association*, 34(2): 169-171, February 1958.

20. Teel, Katherine B., and Greene, Jessie C. "Student Nurses' Nutritional Education in Massachusetts." *Journal of the American Dietetic Association*, 32(4): 344-348, April 1956.

## MATERIALS

Listing of these materials is for the information of readers and does not necessarily mean recommendation. Materials or information on them may be obtained from the addresses given. Symbol GPO refers to Superintendent of Documents, Government Printing Office, Washington 25, D. C.

### Nutrition

NUTRITIVE VALUE OF FOODS. 1960. 30 pp. U. S. Department of Agriculture, Home and Garden Bulletin No. 72. Revision of AIB-36. GPO \$0.20.

CALCULATING THE NUTRITIVE VALUE OF DIETS—a manual of instructions for use of punch cards for machine tabulation. 1960. 38 pp. ARS 62-10. U. S. Department of Agriculture.

GEORGIA HOSPITAL DIET MANUAL. 1960. 113 pp. Georgia State Department of Health, 47 Trinity Ave., Atlanta.

PLANNING YOUR FAMILY FOOD SUPPLY. 1961. 20 pp. PA 425. Federal Extension Service, U. S. Department of Agriculture. GPO \$0.15.

### Nutrition Education Bibliography

SELECTED LIST OF NUTRITION EDUCATION MATERIALS FOR TEACHERS. 1961. 9 pp. Suggested by and available from Nutrition Education Research Project, Teachers College, Columbia University, New York 27, N. Y. Free.

### Food Processing

HOME FREEZING OF POULTRY. 1960. 24 pp. U. S. Department of Agriculture, Home and Garden Bulletin No. 70. GPO \$0.15.

### Food Purchasing

SHOPPER'S GUIDE TO U.S. GRADES FOR FOOD. Eleanor Ferris, 1960. 14 pp. U. S. Department of Agriculture, Home and Garden Bulletin No. 58. GPO \$0.10.

### Research

HOME ECONOMICS RESEARCH, 1909-1959. 1960. 58 pp. Published by the American Home Economics Association, 1600 Twentieth St., N. W., Washington 9, D. C. \$1.

## INFORMATION, PLEASE

### Food Distribution to Needy Families

It has come to our attention that many of you are co-operating with food distribution and welfare groups in helping homemakers make the best use of the foods they are receiving through the program of direct distribution to needy families. At least 6 million persons are participating in this national program.

The dried egg and dry milk solids being distributed should be prepared according to specific directions. The milk is not the same as similar products sold on the retail market. Dried egg is not generally available to the public and homemakers are not familiar with its use. Since it is important that homemakers learn to use these products in tasty dishes their families will enjoy, recipes for using these foods have been developed and are available to workers in the States.

The recipe leaflets can be reproduced and distributed or they can be adapted to meet the needs of communities with regional or cultural food preferences.

We have learned that one nutrition committee already has assumed leadership in working out plans for the educational aspects of the State program. Perhaps other interested groups would profit from an exchange of helpful ideas.

If your group or any group in your locality has initiated or plans such activities, we would appreciate a detailed description for possible inclusion in an early

issue of Nutrition Committee News. We are particularly interested in learning of activities that help all family members to accept and enjoy the foods they are receiving. We believe our readers would also be interested in activities that give status to these foods or that promote nutrition education for the whole community. This program presents an excellent opportunity for community nutrition education.

### Teenage Nutrition

The last Nutrition Committee News that was devoted entirely to nutrition education for teenagers was the January-February 1957 issue "Nutrition Programs for Youth." Since that time many ideas have been developed into activities and adapted to community situations. These activities help teenage boys and girls who need to modify their food habits to insure an adequate diet.

We would like to round up and report such activities to help others working with this age group. We would appreciate detailed descriptions, for possible inclusion in a forthcoming issue of NCN, of any such activities that have been effective.

Your description need not be a polished account. If we can use it, your story will be woven into the finished article. A copy of the portion dealing with your work will be sent to you for approval before being used.



Growth Through Agricultural Progress